

## NON-RESIDENT BUSINESS LICENSE APPLICATION

## CITY OF EDMONDS

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION 121  $5^{\text{TH}}$  AVE. N., EDMONDS, WA 98020 TELEPHONE: (425) 775-2525

OFFICE USE ONLY					
BL#	YEAR	DATE PAID	TR#	FEE PAID	MAILED
					<u> </u>
LICENSE APPLICATON					
BUSINESS NAME					
BUSINESS OWNER					
Last			First		MI
BUSINESS ADDRESS					,
Street					
City					
BUSINESS PHONE NUMBER			WA STATE TAX ID NO. (UBI NO.)		
MAILING ADDRESS					
Street or PO Box					
City					
TYPE OF BUSINESS: PLEASE CHECK THE APPROPRIATE CATEGORY AND DESCRIBE THE NATURE OF BUSINESS IN THE SPACE PROVIDED BELOW.					
☐ CONSTRUCTION ☐ LANDSCAPE, HORTICULTURAL ☐ MANUFACTURE ☐ RETAIL ☐ SERVICES ☐ WHOLESALE ☐ OTHER:					
NATURE OF BUSINESS					
NATURE OF DUSINESS					
APPLICANT'S NAME					
Printed			Signature		
TITLE			DATE		